

# City of Berkeley

Rent Stabilization Program  
2125 Milvia Street, Berkeley, CA 94704  
Phone: (510) 981-7368 (981-RENT) Fax: (510) 981-4910

## AMENDED REGISTRATION STATEMENT

Complete this form for any changes in status of a **previously registered** unit on the property, or for any change in ownership, management, or mailing address for this property. This form must be completed and submitted, and the fee paid, **within sixty (60) days** of the change in status.

If the PROPERTY, or the individual unit(s), you are now registering has never been registered, complete an **INITIAL REGISTRATION STATEMENT**.

Berkeley Property Address: **PLEASE PRINT LEGIBLY. OR TYPE**

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Street Number	Street Name	Zip	Number of Units on the property
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### PART I. CHANGE IN OWNERSHIP

Complete this section if you are a new owner. List all owners of record (as reflected by the Alameda County Recorder's Office) and each owner's percentage of ownership.

1. Date of purchase, or title transfer: \_\_\_\_\_

2. Name of Trust (If applicable): \_\_\_\_\_

If the property is held in a revocable living trust and you are claiming an owner-occupancy exemption on the same property you must fill out a Living Trust Declaration for Owner-Occupancy Exemption and state the full details of the trust.

3. The names of all owners of record, and the percentage of ownership for each owner must be listed for all changes in ownership.

Name	%	Name	%
a) _____	_____	c) _____	_____
b) _____	_____	d) _____	_____

### PART II. CHANGE IN MAILING ADDRESS

Complete this section to change the address to which bills and other correspondence are sent and/or to select either an owner or one agent to receive all correspondence from the Rent Stabilization Program. Bills and correspondence may only be sent to one property, therefore you must only **CHECK ONLY ONE BOX** to select the billing contact:

**Billing Contact: Owner**

**Agent / Manager**

#### OWNER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

#### AGENT / MANAGER:

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**PART III. UNIT STATUS CHANGE FOR UNITS THAT HAVE BEEN PREVIOUSLY REGISTERED**

- Complete this section when you are changing the status of any previously registered unit.
- This form must be completed and the fee paid within 60 days from the date a unit is rented to avoid the assessment of a penalty.
- Complete an **Initial Registration Statement** for any unit(s) being registered for the **first time**.

**A. Registration of Formerly Exempt Units**

(If new tenancy, a *Vacancy Registration* form is also required.)

Unit Designation	Date Rented	Rent Per Month	Unit Designation	Date Rented	Rent Per Month
1) _____	_____	\$_____	4) _____	_____	\$_____
2) _____	_____	\$_____	5) _____	_____	\$_____
3) _____	_____	\$_____	6) _____	_____	\$_____

**B. Claim of Exemption**

All claims of exemption are subject to verification. If you are unclear whether an exemption applies to your unit, you should consult with a housing counselor. You may be liable for fees and possibly penalties if your units are determined, at any time, to be ineligible for the exemption you claim.

If you are claiming an exemption for more than 3 units, please use an additional form.

Unit Designation	Exemption Designation <small>*See list</small>	Date of Exemption	If Owner Occupied, Owner's Name
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**\* List of common Exemption Designations:**

<u>Status</u>	<u>Designation</u>
OWNER OCCUPIED	Owner of 50% or more occupies the unit and/or shares kitchen and/or bath with tenant.
SECTION 8	Registered with BHA, Section 8 program.
VACANT and NOT AVAILABLE FOR RENT	This unit is not now occupied by an owner or tenant, and is not available to be rented.
OCCUPIED RENT-FREE	This unit is provided to the tenant by the owner, rent-free, AND does not require any service(s) from the tenant in exchange for the rent-free privilege.
**OTHER	**If you use this designation, you must explain why the unit is exempt.

**\*\*Explanation** \_\_\_\_\_

**I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date